

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-12780		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH 7/31/15		DAY SUN		TIME MILITARY 1201	
CRASH OCCURRED ON Home Depot				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)								CITY CODE	
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT All state							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Pickard, Daniel				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5443 Collegest King Mills, OH, 45034									
PHONE NO. 513-398-3866		BIRTH DATE 5/30/47		AGE 18		SEX M		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. PK319726	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same					
VEH YR 2006		MAKE Toyota		MODEL Van		COLOR TAN		STYLE Van		STATE OH		LICENSE PLATE NO. EBD 5962	
TOWING SERVICE None		VEH. PED DIR FROM TO											
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Unknown							
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) Unknown									
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE					
VEH YR Unknown		MAKE Unknown		MODEL Unknown		COLOR		STYLE		STATE		LICENSE PLATE NO. Unknown	
TOWING SERVICE		VEH. PED DIR FROM TO											
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE		SEX							
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						CONDITION	
		ADDRESS		PHONE		SEX						A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS		PHONE		SEX							
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
D E F		INJURED TAKEN TO		By						A B C D E F			
A B C		INJURED TAKEN TO		By						A B C D E F			
D E F		INJURED TAKEN TO		By						A B C D E F			
A		OFFENSE CHARGED AND DESCRIPTION						1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		TESTED		YES NO	
O		OFFENSE CHARGED AND DESCRIPTION						EJECTION		DRUGS			
								A B C D E F		A B C D E F			
RECEIVED CALL 1201		DISPATCHED 1203		ARRIVED 1205		CLEARED 1221		OTHER TIME 0000		TOTAL MINUTES 0016			
DATE REPORT FILED 7/26/15		PHOTOS YES		OFFICER'S NAME E. Thomas		BADGE NO. 122		CHECKED BY					
M D Y		YES NO											
								1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			